M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09491

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY A. A. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Eastport
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 309 Washington St

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY A. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Eastport
STREET ADDRESS (If rural, give location) 309 Washington St

3. NAME OF DECEASED (Type or Print) (First) Anthony (Middle) (Last) Bast

4. DATE OF DEATH (Month) 10 (Day) 31 (Year) 1951

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH 1-5-1861
9. AGE last birthday 90 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Waterman
10b. KIND OF BUSINESS OR INDUSTRY Fishing-Crabing
11. BIRTHPLACE (State or foreign country) West River
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME Mathew Bast
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Mrs Walter Bennett Annapolis Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Arterio Sclerotic Heart Disease	Several Years
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized Arterio Sclerosis	Several Years
	(c)	

420.1
93.2

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug, 1948, to Oct 31, 1951, that I last saw the deceased alive on Oct 31, 1951, and that death occurred at 4 A m., from the causes and on the date stated above.

SIGNATURE George C Basil (Degree or title) M D ADDRESS Annapolis Md DATE SIGNED 11-1-51

23. BURIAL, CREMATION REMOVAL (Specify) DATE THEREOF 11-2-51 NAME OF CEMETERY OR CREMATORY Cedar Bluff LOCATION (City, town, or county) Annapolis (State) Md.

DATE REC'D BY LOCAL REG. Nov. 2, 1951 REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR John M. Taylor-Son ADDRESS Annapolis Md.

910126

RECEIVED
NOV 5 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

09492

Reg. Dist. No. 28

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Anne Arundel — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crownsville — LENGTH OF STAY (in this place): 1 yr. 8 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: City
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 1717 Barkley Street

3. NAME OF DECEASED (Type or Print): (First) Ernest (Middle) (Last) Bates

4. DATE OF DEATH: (Month) 10/13/51 (Day) (Year) 19

5. SEX: male

6. COLOR OR RACE: colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): not known

8. DATE OF BIRTH: not known

9. AGE last birthday: 61 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Porter

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Gilbert Bates

14. MOTHER'S MAIDEN NAME: not known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: not known

17. INFORMANT AND ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) General Paresis known since	2/9/50
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none — 19b. MAJOR FINDINGS OF OPERATION: none — 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): none — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: none — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): none m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR? none

22. I hereby certify that I attended the deceased from 2/9/50, 19..., to 10/13/51, 19..., that I last saw the deceased alive on 10/13/51, 19..., and that death occurred at 1:40 A.M., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) — ADDRESS: Crownsville, Md. — DATE SIGNED: 10/15/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Oct. 17th/51 — NAME OF CEMETERY OR CREMATORY: Mt Calvery — LOCATION (City, town, or county) (State): Brookland Md

DATE REC'D BY LOCAL REG.: 10/17/51 — REGISTRAR'S SIGNATURE: [signature]

24. FUNERAL DIRECTOR: Olwyn O Wilson — ADDRESS: 1000 Brantley Ave NW

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09493

CERTIFICATE OF DEATH

Reg. Dist. No. 21

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY A. A. — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS G. A. General

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY A. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Eastport
STREET ADDRESS (If rural, give location) 1177 Tyler Ave.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
George	Henry	Bliss	10	19	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, ~~WIDOWED, DIVORCED~~ (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M.	White	Widowed	11-16-1877	73 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. U.S. Naval Academy
10b. KIND OF BUSINESS OR INDUSTRY: For Superior Bldg.
11. BIRTHPLACE (State or foreign country): Lynchburg Va
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Henry Bliss
14. MOTHER'S MAIDEN NAME: Emily Cliffe

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Henry Bliss · Annapolis Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Thrombosis	7 days.
332 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 83 b	(b) Cerebral arteriosclerosis & Parkinsons Syndrome	4 yrs.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/11, 1951, to 10/19, 1951, that I last saw the deceased alive on 10/19, 1951, and that death occurred at 3.10 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Harris Klevans, MD — ADDRESS Annapolis, Md — DATE SIGNED 10/21/51

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
	10-22-51	St Annes	Annapolis	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Oct. 22, 1951	W. T. Finch	John M. Taylor Son	Annapolis Md

RECEIVED
OCT
BUREAU V. S.

09494

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH — COUNTY: Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Brooklyn Pk
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md — COUNTY: Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Brooklyn Pk
STREET ADDRESS (If rural, give location): 209 W Third Ave

3. NAME OF DECEASED (Type or Print) (First) Francis (Middle) W. (Last) Blottenberger

4. DATE OF DEATH (Month) Oct (Day) 5 (Year) 1957

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: March 9, 1863
9. AGE last birthday: 88 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Flamster
10b. KIND OF BUSINESS OR INDUSTRY: Self employed
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Blottenberger
14. MOTHER'S MAIDEN NAME: Mc Cauley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: no
17. INFORMANT AND ADDRESS: Mrs Mae E. Fout 209 Third Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Heart failure

434.2 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Edema of the lungs

93e (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-1, 1957, to 10-5, 1957, that I last saw the deceased alive on 10-5, 1957, and that death occurred at 10:30 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Eugene Quigley — ADDRESS: 3904 S Hanover — DATE SIGNED: 10-6-57

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: Oct 9, 1957
NAME OF CEMETERY OR CREMATORY: Cedar Hill
LOCATION (City, town, or county): A.A.Co (State): Md

DATE REC'D BY LOCAL REG.: 10/8/57
REGISTRAR'S SIGNATURE: Hw. Hedrick
24. FUNERAL DIRECTOR: A. Howard Evans — ADDRESS: 1400 S Charles St

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

09495

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 55

1. PLACE OF DEATH — COUNTY: A.A. — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Severn
LENGTH OF STAY (in this place): 12 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Severn, Md. (Home)

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY: A.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Severn
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) John (Middle) — (Last) Bolton
4. DATE OF DEATH: (Month) 10 (Day) 2 (Year) 1951

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept. 15 1876
9. AGE last birthday: 75 yrs. — If under 1 year: Months — Days 17 — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Stationary Engineer
10b. KIND OF BUSINESS OR INDUSTRY: R.R. O.R.R.
11. BIRTHPLACE (State or foreign country): Baltimore
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: unk.
14. MOTHER'S MAIDEN NAME: unk.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Caroline S. Bolton, Severn, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Generalized Carcinomatosis	4 days.
177X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma of Prostate Gland	2½ years
51b	(c) Generalized Arteriosclerosis	Unknown.

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify):
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct, 1946, to Oct 2, 1951, that I last saw the deceased alive on Sept 29, 1951, and that death occurred at 10:10 P m., from the causes and on the date stated above.

SIGNATURE: Edward G Thewitt — (Degree or title): M.D. — ADDRESS: Gambrills Md — DATE SIGNED: Oct 2, 1951

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 10-6-51
NAME OF CEMETERY OR CREMATORY: Loudon Park
LOCATION (City, town, or county) (State): Baltimore

DATE REC'D BY LOCAL REG.: 10/5/51
REGISTRAR'S SIGNATURE: A W Hedrick
24. FUNERAL DIRECTOR: Fred A Vole, 1913 W. Balto St.
ADDRESS:

680 506

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Dr Hand

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09496

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN West Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 413 Taylor Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN West Annapolis
STREET ADDRESS (If rural, give location) 413 Taylor Avenue

3. NAME OF DECEASED (Type or Print) (First) Margaret (Middle) Cloman Bennett (Last) Bosley

4. DATE OF DEATH (Month) 10 (Day) 25 (Year) 1951

5. SEX Female
6. COLOR OR RACE White
7. ~~SINGLE, MARRIED~~, WIDOWED, ~~DIVORCED~~ (Specify) Widow
8. DATE OF BIRTH June 10-1865
9. AGE last birthday 86 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Phila Pa
12. CITIZEN OF WHAT COUNTRY? N.Y.A.

13. FATHER'S NAME Edwin Bennett
14. MOTHER'S MAIDEN NAME Mary Jane Huston

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS Clifton B. Bosley Annapolis Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Thrombosis	Sudden
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterio Sclerosis	Several years
	(c) Myocarditis Chr. with Myocardial Insuffiency	Several years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug, 1948, to Oct 25, 1951, that I last saw the deceased alive on Oct 25, 1951, and that death occurred at 11A m., from the causes and on the date stated above.

SIGNATURE George C Basil (Degree or title) M.D ADDRESS Annapolis Md DATE SIGNED 10-27-51

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify)
DATE THEREOF Oct 29 1951
NAME OF CEMETERY OR CREMATORY Druid Ridge
LOCATION (City, town, or county) (State) Baltimore

DATE REC'D BY LOCAL REG. Oct. 29, 1951
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR John M. Taylor Son ADDRESS Annapolis Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05-97

Reg. Dist. No. 28

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Anne Arundel; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crownsville
LENGTH OF STAY (In this place): 3 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perryman
STREET ADDRESS (If rural, give location): P.O. 23 ✓

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Henry (Last) Bowser

4. DATE OF DEATH: (Month) 10/3/51 (Day) (Year) 19

5. SEX: male

6. COLOR OR RACE: colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: 8/12/73

9. AGE last birthday: 78 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Joseph Bowser

14. MOTHER'S MAIDEN NAME: not known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: ######

17. INFORMANT AND ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chronic Myocarditis known since 7/5/51

4 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 93d (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senile Psychosis

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION: none

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): none

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: none (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): none m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? none

22. I hereby certify that I attended the deceased from 7/5/51, 19..., to 10/3/51, 19..., that I last saw the deceased alive on 10/3/51, 19..., and that death occurred at 10:15 A. m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) M.D.

ADDRESS: Crownsvilld, Md.

DATE SIGNED: 10/4/51

23. BURIAL, CREMATION, REMOVAL (Specify): Buried

DATE THEREOF: 10/8/51

NAME OF CEMETERY OR CREMATORY: Union M.E.

LOCATION (City, town, or county) (State): Aberdeen, Md.

DATE REC'D BY LOCAL REG.: 10-4-51

REGISTRAR'S SIGNATURE: [signature]

24. FUNERAL DIRECTOR: Henry Tarring & Sons

ADDRESS: Aberdeen, Md.

RECEIVED
OCT 8 1951
BUREAU V. S.

69498

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY A. A. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Eastport
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 321 West Burnside Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY A. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Eastport (Annapolis Md.
STREET ADDRESS (If rural, give location) 321 W. Burnside Ave

3. NAME OF DECEASED (Type or Print) (First) Amanda (Middle) (Last) Brackett

4. DATE OF DEATH (Month) 10 (Day) 20 (Year) 1951

5. SEX Female
6. COLOR OR RACE White
7. ~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED,~~ (Specify)
8. DATE OF BIRTH 3-30-1876
9. AGE last birthday 75 yrs. If under 1 year: Months Days; If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home
10b. KIND OF BUSINESS OR INDUSTRY House work
11. BIRTHPLACE (State or foreign country) Annapolis Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Thomas Jacobs
14. MOTHER'S MAIDEN NAME Alice Hopkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS Mrs Raymond Williams. Annapolis Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute Coronary Thrombosis	Sudden
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Marked Tachycardia with Auricular	many months
94a	(c) Fibrillation	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 17, 1951, to Oct 20, 1951, that I last saw the deceased alive on Oct 17th, 1951, and that death occurred at 7 30 A m., from the causes and on the date stated above.

SIGNATURE J. Oliver Purvis (Degree or title) M.D. ADDRESS 40 Franklin St., Annapolis Md DATE SIGNED 10/20/51

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify) DATE THEREOF 10-23-51 NAME OF CEMETERY OR CREMATORY Cedar Bluff LOCATION (City, town, or county) Annapolis (State) Md

DATE REC'D BY LOCAL REG. Oct 22, 1951 REGISTRAR'S SIGNATURE [signature] 24. FUNERAL DIRECTOR John M. Taylor Son ADDRESS Annapolis Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

09199

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY [illegible] MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hanover
LENGTH OF STAY (in this place) [illegible]
HOSPITAL OR INSTITUTION OR STREET ADDRESS [illegible] R.F.D. 1030

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE [illegible] COUNTY [illegible]
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible]
STREET ADDRESS (If rural, give location) [illegible] R.F.D. 1030

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) [illegible]

4. DATE OF DEATH (Month) (Day) (Year) Oct 24 1951

5. SEX [illegible]
6. COLOR OR RACE Col
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH [illegible] 1944
9. AGE last birthday 27 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) [illegible]
12. CITIZEN OF WHAT COUNTRY? [illegible]

13. FATHER'S NAME John H. Wright
14. MOTHER'S MAIDEN NAME [illegible]

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no
16. SOCIAL SECURITY No. [illegible]
17. INFORMANT AND ADDRESS [illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) [illegible]	3 mo
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) [illegible]	[illegible]
	(c) Mitral [illegible]	1½ yrs

410X

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 30, 1951, to Oct 24, 1951, that I last saw the deceased alive on Oct 24, 1951, and that death occurred at 7 [illegible] m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED [illegible]

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 10/27/1951
NAME OF CEMETERY OR CREMATORY St. Rest
LOCATION (City, town, or county) Harmons (State) Md.

DATE REC'D BY LOCAL REG. October 27 1951
REGISTRAR'S SIGNATURE R.W.
24. FUNERAL DIRECTOR Mrs Katie R. Williams ADDRESS Schroeder St 322 N

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crownsville
LENGTH OF STAY (in this place) 10 mos. 17 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY City
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 400 Taylor Avenue

3. NAME OF DECEASED (Type or Print) (First) Theodore (Middle) (Last) Brown
4. DATE OF DEATH (Month) (Day) (Year) 10/23/51 19

5. SEX male
6. COLOR OR RACE colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed
8. DATE OF BIRTH 9/20/77
9. AGE last birthday 74 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none
10b. KIND OF BUSINESS OR INDUSTRY none
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME not known
14. MOTHER'S MAIDEN NAME not known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) ******
16. SOCIAL SECURITY NO. ***
17. INFORMANT AND ADDRESS Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Lung Tuberculosis known since	9/25/51
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

13 b

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Psychosis with Cerebral Arteriosclerosis 12/7/50

19a. DATE OF OPERATION noje
19b. MAJOR FINDINGS OF OPERATION none
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) none
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE) none
TIME OF INJURY (Month) (Day) (Year) (Hour) none m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? none

22. I hereby certify that I attended the deceased from 12/7/50, 19....., to 10/23/51, 19....., that I last saw the deceased alive on 10/23/51, 19....., and that death occurred at 4;50 P.M. m., from the causes and on the date stated above.

SIGNATURE Jacob Hungerstein M.D. (Degree or title) ADDRESS Crownsville, Md. DATE SIGNED 10/24/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 10/29/1951
NAME OF CEMETERY OR CREMATORY Mt. Auburn Cem.
LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REG. 10/26/51
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR George T. A. Gibson Sr.
ADDRESS 1735 Druid Hill Ave.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21

M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A16

1. PLACE OF DEATH: COUNTY Anne Arundel; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis, Maryland; LENGTH OF STAY (in this place) DOA; HOSPITAL OR INSTITUTION OR STREET ADDRESS NAVAL HOSPITAL, ANPLS., MD.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Anne Arundel; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glen Burnie; STREET ADDRESS (If rural, give location) 1731 Saunders Way

3. NAME OF DECEASED (Type or Print): (First) Yvonne; (Middle) Priscilla; (Last) BURTON

4. DATE OF DEATH: (Month) OCT; (Day) 10; (Year) 19 51

5. SEX: Female

6. COLOR OR RACE: Caucasian

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: April 11, 1924

9. AGE last birthday: 27 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: - -

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Elias Charles ECKLEY

14. MOTHER'S MAIDEN NAME: Anna LAHR

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No; (If yes, give war or dates of service) - -

16. SOCIAL SECURITY No.: Unknown

17. INFORMANT AND ADDRESS: Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Infarction of Myocardium, Left Ventricle, Posterior wall (N420.1) — Interval Between Onset and Death: 24 hrs(less

420.1

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

94a

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. SEE REVERSE OF FORM

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 10, 1951, to Oct. 10, 1951, that I last saw the deceased alive on DOA Oct. 10, 51 and that death occurred at Approximately 4:40 p.m., from the causes and on the date stated above.

SIGNATURE Thomas E. Barber (Degree or title) ADDRESS

T. E. BARBER, LTJG MC USNR U. S. NAVAL HOSPITAL, ANNAPOLIS, MARYLAND

DATE SIGNED 10-10-51

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: October 15, 51

NAME OF CEMETERY OR CREMATORY: Wilkes-Barre City Cemetery

LOCATION (City, town, or county) (State): Wilkes-Barre, Luzerne, Pa

DATE REC'D BY LOCAL REG.: Oct. 13, 1951

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR ADDRESS: B.L.Hopping and Son Annapolis, Md

Other significant conditions:

(1) Rheumatic Endocarditis, Inactive, Aortic (N414)	12 yrs.
(2) Subinvolution of Uterus, post partum (N633)	2 mos.
(3) Varicose veins of broad ligament following pregnancy (N460)	2 mos.
(4) Cerebral Hemorrhage, diffuse, petechial (N331)	24 hrs (less)

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

09502

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS A. A. General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Upper Marlboro.
STREET ADDRESS (If rural, give location) R. 7. D. #1, Box 68 ✓

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) (Last) CARDEN

4. DATE OF DEATH: (Month) Oct. (Day) 6 (Year) 19[illegible]

5. SEX: Male

6. COLOR OR RACE: White

7. ~~SINGLE~~, MARRIED, ~~WIDOWED, DIVORCED~~, (Specify)

8. DATE OF BIRTH: Sept. 21 1899

9. AGE last birthday: 52 yrs. | If under 1 year: Months | Days | If under 24 hrs: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman

10b. KIND OF BUSINESS OR INDUSTRY: Automotive

11. BIRTHPLACE (State or foreign country): Massachusetts

12. CITIZEN OF WHAT COUNTRY: U. S. A.

13. FATHER'S NAME: Richard Carden

14. MOTHER'S MAIDEN NAME: Rebecca Cole

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown). (If yes, give war or dates of): No (Yes) World War I

16. SOCIAL SECURITY NO.: 010078098

17. INFORMANT AND ADDRESS: Mrs John Carden, Upper Marlboro Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary occlusion	Sudden
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary sclerosis	Unknown
	(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy _, Inspection X, Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident _, suicide _, homicide _, undetermined _.*

SIGNATURE: John H. Lauffer M.D. (Degree or title) Deputy Medical Examiner ADDRESS Annapolis Md. DATE SIGNED 10/6/51

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF Oct-10-1951 | NAME OF CEMETERY OR CREMATORY Arlington National | LOCATION (City, town, or county) Arlington (State) Va

DATE REC'D BY LOCAL REG. Oct. 8, 1951 | REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR Wm. H. Taylor Son ADDRESS Annapolis Md.

4/90

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 86 College Creek Terrace

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY A.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
STREET ADDRESS (If rural, give location) 86 College Creek Terrace

3. NAME OF DECEASED (Type or Print) (First) Mary (Middle) Eliza (Last) Carey

4. DATE OF DEATH (Month) Oct. (Day) 7 (Year) 1951

5. SEX Female
6. COLOR OR RACE colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH June 16, 1886
9. AGE last birthday 65 yrs. If under 1 year Months 4 Days 21 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic - General Work
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) A.A. Co. Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Jacob Wright
14. MOTHER'S MAIDEN NAME Charlotte Harrod

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Mrs Lottie McNeal, 86 College C. Terrace, [illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Stomach — INTERVAL BETWEEN ONSET AND DEATH 4 months

151X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

46 [illegible] (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Acute Pyelo Nephritis

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 7, 1951, to Oct 7, 1951, that I last saw the deceased alive on Oct 7, 1951, and that death occurred at 10:45 P.M., from the causes and on the date stated above.

SIGNATURE R. L. Richardson (Degree or title) CWD ADDRESS DATE SIGNED 10/10/51

23. BURIAL, CREMATION REMOVAL (Specify) DATE THEREOF Oct. 11, 1951 NAME OF CEMETERY OR CREMATORY Brewer Hill LOCATION (City, town, or county) Annapolis (State) Md.

DATE REC'D BY LOCAL REG. Oct. 11, 1951 REGISTRAR'S SIGNATURE [illegible] 24. FUNERAL DIRECTOR J. B. Johnson ADDRESS Annapolis, Md.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

80.3

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09504

CERTIFICATE OF DEATH

Reg. Dist. No. 28

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Millersville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Millersville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) BLANCHE (Middle) VIRGINIA (Last) CECIL

4. DATE OF DEATH (Month) OCTOBER (Day) 11, (Year) 1951 19

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH July 10, 1912
9. AGE last birthday 39 yrs. If under 1 year Months 3 Days 1 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none
10b. KIND OF BUSINESS OR INDUSTRY none
11. BIRTHPLACE (State or foreign country) Millersville, Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME William Edward Cecil
14. MOTHER'S MAIDEN NAME Blanche W. Joyce

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Mrs Blanche W. Joyce Cecil Millersville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myo Conditis.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

422.2

220

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Infantile Paralysis with deformity

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

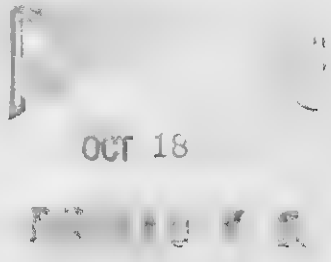
22. I hereby certify that I attended the deceased from ....., 19 10 to Oct 11, 19 51 that I last saw the deceased alive on 9-11, 19 51, and that death occurred at 4 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

O S & Mac Nemar M.D. Millersville Md

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Oct. 13, 51
NAME OF CEMETERY OR CREMATORY Baldwin Memorial Cemetery
LOCATION (City, town, or county) (State) Millersville, Md.

DATE REC'D BY LOCAL REG. Oct 12-51
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR ADDRESS E.L. Hopping and Son Annapolis, Md.


OCT 18

MARYLAND STATE DEPARTMENT OF HEALTH

05505

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 21

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH — COUNTY: Anne Arundel — MARYLAND
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis
   LENGTH OF STAY (In this place): 50 A
   HOSPITAL OR INSTITUTION OR STREET ADDRESS: A.A. General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: A.A.
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crownsville
   STREET ADDRESS (If rural, give location): Route # 178

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) HORACE (Last) CHAMBERS

4. DATE OF DEATH: (Month) Oct. (Day) 8 (Year) 1951

5. SEX: MALE

6. COLOR OR RACE: NEGRO

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: unknown

9. AGE (Last birthday): about 65 yrs. — If under 1 year: Months / Days; If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: unknown

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): unknown

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: Paul R. Birch Crownsville Md

18. MEDICAL CERTIFICATION

19. I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a): Fracture of Skull — Sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b): (Right) Compound Fracture of Tibia & fibula

(c):

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Highway #178 — (CITY OR TOWN): Crownsville — (COUNTY): A.A. — (STATE): Md

TIME (Month) (Day) (Year) (Hour) OF INJURY: Oct. 8 1951 6:25 P.m.

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? Hit by automobile while crossing highway

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒ suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title): John N. Cuffy M.D. Deputy Medical Examiner — ADDRESS: Annapolis Md — DATE SIGNED: 10/9/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Oct. 9 1951 — NAME OF CEMETERY OR CREMATORY: John Westley — LOCATION (City, town, or county) (State): Waterbury A.A. Md

DATE REC'D BY LOCAL REG.: Oct. 9, 1951 — REGISTRAR'S SIGNATURE: [signature] — 24. FUNERAL DIRECTOR: J. B. Johnson — ADDRESS: Annapolis

Exhibit V-5

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY Aa Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Anne Arundel General

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Aa
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
STREET ADDRESS 1641 Poplar St (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Franklin (Middle) Leve (Last) Creek

4. DATE OF DEATH: (Month) 10 (Day) 6 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: April 7 1919

9. AGE last birthday: 31 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Garage

11. BIRTHPLACE (State or foreign country): East Gate, Annapolis Md

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: James H. Creek

14. MOTHER'S MAIDEN NAME: Sarah McGowan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: James H. Creek 1614 Poplar St Annapolis Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Acute Congestive Heart Failure	1+ wks
411 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Calcification of Aorta	—
92a	(c) Rheumatic (?) Aortitis	—

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/5/51, 1951, to 10/6/51, 1951, that I last saw the deceased alive on 10/6/51, 1951, and that death occurred at 10 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Frank M. Shipley	M.D.	63 College Ave. Annapolis	10/9/51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	10/10/51	Fowlers	East Gate, Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Oct. 10, 1951	[signature]	C A Hardesty & Son	Galesville Md

OCT 1
BUREAU V. S.

09507

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

Anne Arundel Co

1. PLACE OF DEATH
COUNTY: Glen Burnie — 406 Crain Highway NW
MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: AACo
LENGTH OF STAY (in this place): 4 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md. COUNTY: 406 Crain Highway NW AA Co
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glen Burnie Md
STREET ADDRESS (If rural, give location): 406 Crain Highway N.W.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Susie E.	C.	Cunningham	October	14	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE Last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	married	Sept 27-1886	65 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
House Wife		Denton Md	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Dennis Knight	Margie E. [illegible] Turner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
	None	Wm H. Cunningham

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cardiac decompensation	1 year
450.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 61	(b) Arteriosclerosis general	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 12/1, 1950, to 10/14, 1951, that I last saw the deceased alive on 10/12, 1951, and that death occurred at 7:30P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Bobby L. Jones	M.D.	Glen Burnie Md	10/15/51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Oct 18-1951	Glen Haven	Glen Burnie Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10/17	L. J. Dallas	Bernard G Funk	417 Crain Highway Glen Burnie Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age especially important. Physicians: please write the causes of death clearly and legibly.

VS: A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 22

1. PLACE OF DEATH
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel (Laurel)
LENGTH OF STAY (in this place) 10 yrs 6 mo. 10 da.
HOSPITAL OR INSTITUTION OR STREET ADDRESS District Training School

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Washington, D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington, D.C.
STREET ADDRESS (If rural, give location) 913 R St. N.W.

3. NAME OF DECEASED (Type or Print): (First) Loretta (Middle) Belle (Last) Davis
4. DATE OF DEATH: (Month) Oct (Day) 1 (Year) 19 51
5. SEX: F
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Mar 28, 1932
9. AGE last birthday: 19 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Theodore Davis
14. MOTHER'S MAIDEN NAME: Willie Mae
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: D.T.S. records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Bronchopneumonia (bilateral) — Interval between Onset and Death: 72 hours

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

107

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Epilepsy birth injury, idiocy — life

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 23, 19 46, to Oct 1, 19 51, that I last saw the deceased alive on 9-28-51, 19 ....., and that death occurred at 12 20 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
J. A. Alston, M.D. | D. T. S. Laurel, Md | Oct 1, 1951

23. BURIAL, CREMATION REMOVAL (Specify) | DATE THEREOF: Oct 1-1951 | NAME OF CEMETERY OR CREMATORY: Dist of Columbia | LOCATION (City, town, or county): Laurel | (State): Md

DATE REC'D BY LOCAL REG. Oct 1-51 | REGISTRAR'S SIGNATURE: Clara Haslup | 24. FUNERAL DIRECTOR: Robert Robinson | ADDRESS: 207 Wash. D.C.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
1951
BUREAU V. S.

CERTIFICATE OF DEATH

Registered No. [illegible]

BIRTH NO.

1. NAME OF DECEASED (Type or Print): MARY B. DONNET

2. DATE OF DEATH: Oct. 22, 1951 (00509)

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 4916 Brookwood Rd.
C. Length of stay in Baltimore (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)
A. STATE: Md.
B. COUNTY: a. a. co.
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 4916 Brookwood Rd.

5. SEX: Female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: June 6, 1873
9. AGE (In years last birthday): 78 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William B. Bealmear
14. MOTHER'S MAIDEN NAME: Elizabeth J. Brewer

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: no
17. INFORMANT: Mr. Wm. F. Reindollar — ADDRESS: 5701 Stoney Run Dr

MEDICAL CERTIFN

18. CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 1 Day

DUE TO

331X ANTECEDENT CAUSES
(B) General Arteriosclerosis — 5 yrs

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: none
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 1, 1950 *to* Oct 22nd, 1951, *that I last saw the deceased alive on* Oct 21, 1951 *and that death occurred at* 9.30 a.m. *from the causes and on the date stated above.*

23A. SIGNATURE: Wilbur F. Bealmear M. D.
23B. ADDRESS: 6 E Biddle St
23C. DATE SIGNED: 10/23/51

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: ~~10/24/51~~ OK
24C. NAME OF CEMETERY OR CREMATORY: Loudon Park Cem.
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: OCT 24 1951
REGISTRAR'S SIGNATURE: ~~[illegible]~~ Ida M. Whitson
25. FUNERAL DIRECTOR: Wm. G. Fickner & Sons — ADDRESS: Balto. Md.

VS 150 10/25/51

PLEASE WRITE PLAINLY, WITH UNFADK. Every item of information should be carefully supplied. The correct age is especially important. Physicians write the causes of death clearly and legibly.

MARGERVED FOR BINDING

VS A15 8-51

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Anne Arundel; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis; LENGTH OF STAY (in this place) MARYLAND; HOSPITAL OR INSTITUTION OR STREET ADDRESS Anne Arundel General

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Anne Arundel; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St. Margarets; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Weems; (Middle) R.; (Last) Duvall

4. DATE OF DEATH: (Month) Oct. (Day) 2 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, ~~DIVORCED~~, (Specify): Widowed

8. DATE OF BIRTH: 9-11-1880

9. AGE last birthday: 71 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Truck farming

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Duvall

14. MOTHER'S MAIDEN NAME: Florence Tucker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or Unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: C. Hayes Duvall, Eastport, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocarditis Chr. & Myocardial Insufficiency — Interval Between Onset and Death: 2 yrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c) Arteriosclerosis generalized — Some years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Benign Prostatic Enlargement — Some years

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 1, 1951, to Oct 2, 1951 that I last saw the deceased alive on Oct 2, 1951, and that death occurred at 8 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

George C. Bowie M.D. Annapolis Md 10-4-51

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 10-4-1951 NAME OF CEMETERY OR CREMATORY St. Margarets LOCATION (City, town, or county) Anne Arundel (State) Md.

DATE REC'D BY LOCAL REG. Oct. 4, 1951 REGISTRAR'S SIGNATURE W. D. French

24. FUNERAL DIRECTOR John M. Taylor & Son ADDRESS Annapolis Md.

RECEIVED
OCT 8 1951
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

00512

Reg. Dist. No.

1. PLACE OF DEATH COUNTY: Anne Arundel MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Pumphrey
LENGTH OF STAY (in this place): 5 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 304 Elizabeth Ave

2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Maryland COUNTY: A.A.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Pumphrey
STREET ADDRESS (If rural, give location): 304 Elizabeth Ave.

3. NAME OF DECEASED (Type or Print) (First) Mary (Middle) (Last) Finney

4. DATE OF DEATH (Month) Oct. (Day) 22 (Year) 1951

5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: 3-11-1893
9. AGE last birthday: 58 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Nathaniel Finney
14. MOTHER'S MAIDEN NAME: Lucy Warner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Virgie Murdock Pumphrey Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion

4200 Antecedent cause(s)

95 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio-sclerotic Heart Disease

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 27, 1951, to Oct. 22, 1951, that I last saw the deceased alive on Oct. 22, 1951, and that death occurred at 7:15 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Renold B Lighston, M.D.
ADDRESS: 501 Cherry Hill Rd. Baltimore-25 Md.
DATE SIGNED: 10/22/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE: 10-28-51
NAME OF CEMETERY OR CREMATORY: Metoptin Cem.
LOCATION (City, town, or county) (State): Centerville Va

DATE REC'D BY LOCAL REG.: 10/25/51
REGISTRAR'S SIGNATURE: W W Hedrick
24. FUNERAL DIRECTOR: Chas O. Wilson
ADDRESS: 1000 Brantly ave

1913-57

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09513

CERTIFICATE OF DEATH

Reg. Dist. No. 21

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Anna Rundel MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis Rt 2 Rural; LENGTH OF STAY (In this place) 2; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Anna Rundel; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis Rt 2 Rural; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Frank (Middle) Elsworth (Last) Trautum

4. DATE OF DEATH: (Month) Oct (Day) 13 (Year) 19 51

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: April 23 1886

9. AGE last birthday: 65 Yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Under Water Co.

10b. KIND OF BUSINESS OR INDUSTRY: Road work

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Joseph H Trautum (Frautum)

14. MOTHER'S MAIDEN NAME: Sarah Sewell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Mrs L. E. Trautum

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Disease — Interval Between Onset and Death: 4 yrs

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 61

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes — 4 yrs

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1951, Oct 13, 1951, that I last saw the deceased alive on Oct 12, 1951, and that death occurred at [illegible] m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

W K Willoughby M D Severna Park Md 10-15-51

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State)

Oct 17 1951 | Glen Haven Memorial | Glen Burnie Md

DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS

Oct. 15, 1951 | [signature] | John M Taylor Son | Annapolis Md.

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 22

1. PLACE OF DEATH: COUNTY [illegible] MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible]
LENGTH OF STAY (in this place) 4 [illegible]
HOSPITAL OR INSTITUTION OR STREET ADDRESS [illegible]

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE [illegible] COUNTY [illegible]
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible]
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last)

4. DATE OF DEATH (Month) (Day) (Year) 19 [illegible]

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH [illegible]

9. AGE last birthday [illegible] yrs. If under 1 year Months Days If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) [illegible]

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY? [illegible]

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME [illegible]

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) [illegible]

929.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

183 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY [illegible] (CITY OR TOWN) [illegible] (COUNTY) [illegible] (STATE) [illegible]

TIME OF INJURY (Month) (Day) (Year) (Hour) 10-17-51, 4:30 p.m.

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? [illegible]

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE [illegible] (Degree or title) [illegible] ADDRESS [illegible] DATE SIGNED [illegible]

23. BURIAL, CREMATION REMOVAL (Specify) [illegible]

DATE THEREOF Oct 18-51

NAME OF CEMETERY OR CREMATORY Camp Meade

LOCATION (City, town, or county) Odenton Md (State)

DATE REC'D BY LOCAL REG. 10/25

REGISTRAR'S SIGNATURE [illegible] Dr Alba

Clara M. Hasbeck

24. FUNERAL DIRECTOR Bernard A Frink ADDRESS Glen Burnie Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH:

County A. A.

City or town Queenstown (Elmwood)

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 20 yrs.

Hospital, Institution, or street address where death occurred:

How long in hospital or institution? .....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County A. A.

City or town Queenstown

(If outside city or town limits, write RURAL and give nearest town)

Street No. .....

(If rural, give LOCATION)

2.(a) If veteran, name war .....

3. (a) FULL NAME Ella Hall

3. (b) Social Security Number

4. Sex	5. Color or race	5.(a) Single, married, widowed, or divorced
Female	Colored	Married

6.(b) Name of husband or wife Edward Hall

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 1883.

8. AGE: Years	Months	Days	If less than one day
68			..... hrs. ..... min.

9. Birthplace A. A. Co. Md (Town, county, and state)

10. Usual occupation At Home

11. Industry or business

FATHER 12. Name John Harrod

13. Birthplace Md

MOTHER 14. Maiden name Eliza Queen

15. Birthplace Md

16. Informant Anne Snowden

Address A. A. Co Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 3-1951 (month) (day) (year)

Cemetery or crematory Mt. Calvary

Location A. A. Co. Md

18. Funeral director James A. Stacey

Address 638 N. Gilmor St

19. ..... 19..... .....

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 31, 1951 at 6.30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 1951 to Oct. 31 1951

and that I last saw h.. alive on Oct. 31 1951

Immediate cause of death	DURATION
Cardio-Vascular disease	2 yr.
Due to	
Due to	
Due to	
Other conditions Large ulcers on legs.	1 yr.

(Include pregnancy within 3 months of death)

Major findings of operations .....

Date of op. .....

Autopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE Chas. L. Ball Jr. M.D.

M. D. or other

Address Centreville Date signed 10/31/51

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 27

1. PLACE OF DEATH — COUNTY: Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort George G. Meade
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 2101-1 U. S. ARMY HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Virginia — COUNTY: Lee
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Pennington Gap
STREET ADDRESS (If rural, give location): General Delivery

3. NAME OF DECEASED (Type or Print): (First) Oscar (Middle) (Last) Hall
4. DATE OF DEATH: (Month) October (Day) 15, (Year) 1951

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 10 Jan 1920
9. AGE last birthday: 31 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Soldier
10b. KIND OF BUSINESS OR INDUSTRY: U. S. ARMY
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Muion W. Hall
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): 1951
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Personnel Records, 19th AAA Group, Ft. Geo. G. Meade, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Gunshot wound, rt Temple — 0

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

110X
164 c

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify): Suicide
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Main Post
(CITY OR TOWN): Fort George G. Meade — (COUNTY): Anne Arundel — (STATE): Md.
TIME OF INJURY (Month) (Day) (Year) (Hour): Oct 15 51 about 10:00 m.
INJURY OCCURRED While at Work ☐ Not While At work ☒
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ~~15 Oct 1951 to 15 Oct 1951~~ inspected the remains on 15 October 1951, that I last saw the deceased alive on ~~[illegible]~~, and that death occurred at 1045 A m., from the causes and on the date stated above.
SIGNATURE: HUNTER S. NEAL, 1st Lt MC (Degree or title) — ADDRESS: Ft. Geo. G. Meade — DATE SIGNED: 15 Oct 51

23. BURIAL, CREMATION REMOVAL (Specify): Removal
DATE THEREOF: 15 Oct 51
NAME OF CEMETERY OR CREMATORY:
LOCATION (City, town, or county) (State):

DATE REC'D BY LOCAL REG.: 15 Oct 51
REGISTRAR'S SIGNATURE: PAUL W. MITCHELL, Capt. MSC
24. FUNERAL DIRECTOR: Earl B. Wolverton, Inc. — ADDRESS: 403 E. 25th St. Baltimore, Md.

T. Bormuck

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

(19[illegible])

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY a. a — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS A. A. General

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY a a.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN West River
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) ROBERT (Middle) FRANKLIN (Last) HARTGE

4. DATE OF DEATH: (Month) 10 (Day) 21 (Year) 1951

5. SEX: MALE

6. COLOR OR RACE: White

7. SINGLE, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)

8. DATE OF BIRTH: 12-14-1878

9. AGE last birthday: 72 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer (Owner)

10b. KIND OF BUSINESS OR INDUSTRY: Tobacco

11. BIRTHPLACE (State or foreign country): West River

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Louis A Hartge

14. MOTHER'S MAIDEN NAME: Astridge V. Nowell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Robert W. Hartge Annapolis Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Uremia — 2 days

442 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
131 a (b) due to arteriosclerotic cardiovascular renal disease c hypertension — 5-6 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 1948, to Oct. 21, 1951, that I last saw the deceased alive on 10/21, 1951, and that death occurred at 5:00 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

T. Bormuck MD Annapolis Md 10/22/51

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify) | DATE THEREOF 10-24-51 | NAME OF CEMETERY OR CREMATORY Quaker Burial Grounds | LOCATION (City, town, or county) West River | (State) Md

DATE REC'D BY LOCAL REG. Oct. 24, 1951 | REGISTRAR'S SIGNATURE T. Bormuck | 24. FUNERAL DIRECTOR John W. Sayles Son | ADDRESS Annapolis Md.

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 27

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Anne Arundel; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ft. Geo. G. Meade; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 2101-1 U. S. ARMY HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Anne Arundel; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Odenton; STREET ADDRESS (If rural, give location) Fifth St., Box 149

3. NAME OF DECEASED (Type or Print): (First) Edward; (Middle) Franklin; (Last) Helmadollar

4. DATE OF DEATH: (Month) October; (Day) 10; (Year) 19 51

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: 22 Oct 1878

9. AGE last birthday: 72 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired - Skilled Laborer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Madison Helmadollar

14. MOTHER'S MAIDEN NAME: Margaret Jane Duncan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) UNKNOWN (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Mrs. Matilda Rushlow (daughter) Fifth St, Odenton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Heart disease

93d (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. -

19a. DATE OF OPERATION: -

19b. MAJOR FINDINGS OF OPERATION: -

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) -

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY -

(CITY OR TOWN) -

(COUNTY) -

(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) - m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? -

22. I hereby certify that I attended the deceased from 9 Oct., 1951, to 10 Oct, 1951, that I last saw the deceased alive on 10 Oct., 1951, and that death occurred at 3:30 p. m., from the causes and on the date stated above.

SIGNATURE W. L. Cahall Jr MD MC (Degree or title) W. L. CAHALL, JR., 1ST LT MC

ADDRESS Ft. Meade Army Hosp.

DATE SIGNED 10 Oct 51

23. BURIAL, CREMATION / REMOVAL (Specify) Burial

DATE THEREOF 14 Oct 1951

NAME OF CEMETERY OR CREMATORY Ivy Hill Cemetery

LOCATION (City, town, or county) Laurel, Maryland (State)

DATE REC'D BY LOCAL REG. 12 Oct 1951

REGISTRAR'S SIGNATURE PAUL F. MITCHELL, Capt., MSC

24. FUNERAL DIRECTOR Selby Funeral Home

ADDRESS Laurel, Md.

vs. 415

09517

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 24

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Severna Park

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 913 Lake Drive

3. NAME OF DECEASED (Type or Print) (First) ROSE (Middle) DUKE (Last) HENDLER
4. DATE OF DEATH (Month) 10 (Day) 19 (Year) 1951

5. SEX female
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH
9. AGE last birthday 02 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Baltimore Md
12. CITIZEN OF WHAT COUNTRY? 003

13. FATHER'S NAME Abraham Duke
14. MOTHER'S MAIDEN NAME Sophie

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Hypertension arteriosclerotic heart disease aortic stenosis and insufficiency	5 yrs.
4200 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Endarteritis obliterans	8 yrs
92a	(c)		

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1946, 19, to Oct 19, 1951, that I last saw the deceased alive on Oct 19, 1951, and that death occurred at 8A m., from the causes and on the date stated above.

SIGNATURE Melvin B Kirsh (Degree or title) MD ADDRESS 2320 Eutaw Pl DATE SIGNED 10/19/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Oct 21, 1951
NAME OF CEMETERY OR CREMATORY Arlington
LOCATION (City, town, or county) Balto (State) Md

DATE REC'D BY LOCAL REG. Oct 21 1951
REGISTRAR'S SIGNATURE L. J. DeAlba
24. FUNERAL DIRECTOR Jack Lewis Inc - ADDRESS 2100 Eutaw Pl

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS: A15

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

69520

Reg. Dist. No. 24

1. PLACE OF DEATH: COUNTY [illegible] MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN P.O. Glen Burnie
LENGTH OF STAY (In this place) 49 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 21 [illegible]

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible]
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) [illegible]
4. DATE OF DEATH (Month) (Day) (Year) 19[illegible]

5. SEX [illegible]
6. COLOR OR RACE White
7. ~~SINGLE~~, ~~MARRIED~~, WIDOWED, ~~DIVORCED~~ (Specify)
8. DATE OF BIRTH 8/25/07
9. AGE last birthday 62 yrs. If under 1 year Months Days If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) [illegible]
10b. KIND OF BUSINESS OR INDUSTRY Hgwy Drive In
11. BIRTHPLACE (State or foreign country) Washington, D.
12. CITIZEN OF WHAT COUNTRY? [illegible]

13. FATHER'S NAME [illegible]
14. MOTHER'S MAIDEN NAME Augusta [illegible]

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 212-12-7940
17. INFORMANT AND ADDRESS Mrs. Hilda Maddock 937 Brunswick St. Baltimore, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Occlusion

420 | Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

94a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? —

22. *I certify that I took charge of the remains described above, held an Autopsy _, Inspection _, Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X accident _, suicide _, homicide _, undetermined _.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
[illegible]

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 10/17/51
NAME OF CEMETERY OR CREMATORY Glen Haven
LOCATION (City, town, or county) (State) Glen Burnie
DATE REC'D BY LOCAL REG. 10/17
REGISTRAR'S SIGNATURE L. J. DeAlba
24. FUNERAL DIRECTOR R. V. Singleton
ADDRESS Glen Burnie, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

09518

Reg. Dist. No. 20

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15A

1. PLACE OF DEATH: COUNTY: Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Edgewater
LENGTH OF STAY (in this place): 3 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Woodland Beach

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: A.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Edgewater
STREET ADDRESS (If rural, give location): Woodland Beach

3. NAME OF DECEASED (Type or Print): (First) ALFRED (Middle) KEEN (Last) HOBBS

4. DATE OF DEATH: (Month) Oct (Day) 5 (Year) 195[illegible]

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, ~~DIVORCED~~, (Specify)

8. DATE OF BIRTH: March 28, 1905

9. AGE last birthday: 46 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): PAINTER PAINTER

10b. KIND OF BUSINESS OR INDUSTRY: SAME

11. BIRTHPLACE (State or foreign country): Boston

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Horatio Hobbs

14. MOTHER'S MAIDEN NAME:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 578-24-0055

17. INFORMANT AND ADDRESS: Elizabeth A. Paddy, Edgewater Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cardio - Renal asthma	Sudden
4427 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 928	(b) Arterio-sclerotic hypertensive disease	2 years
	(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

John M Cathy M.D. Deputy Medical Examiner, Annapolis Md 10-5-51

23. BURIAL, CREATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State)

Burial 10-8-51 [illegible] M.M. Cemetery Washington D.C.

DATE REC'D BY LOCAL REG. Oct. 5 1951 | REGISTRAR'S SIGNATURE Edward Collinson

24. FUNERAL DIRECTOR | ADDRESS

W W Cramm & Co Washington D.C.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 24

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: ANNE ARUNDEL — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: LINTHICUM HGTS
LENGTH OF STAY (in this place): 2½ yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 306 JEROME RD.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) LILLIAN (Middle) HARRIET (Last) HOFFMAN

4. DATE OF DEATH: (Month) October (Day) 7 (Year) 1951

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Oct 10, 1879

9. AGE last birthday: 71 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): PENNA.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: EMERSON G. SHAFFER

14. MOTHER'S MAIDEN NAME: CLARA EDMONDS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mr. Wm Hoffman, 306 Jerome Rd, Linthicum Hgts

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Thrombosis — 6 hrs.

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Cholecystitis — 2 yrs
92d
(c) Hypertensive Cardiovascular Disease — 8 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/2/, 1950, to 9/3/, 1951, that I last saw the deceased alive on 9/10/, 1951, and that death occurred at 10:30 A m., from the causes and on the date stated above.

SIGNATURE: C. Milton Linthicum — (Degree or title) M.D. — ADDRESS: Linthicum Heights, Md — DATE SIGNED: Oct 7, 1951.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 10/10/51 — NAME OF CEMETERY OR CREMATORY: Ft. Lincoln Memorial Park — LOCATION (City, town, or county) (State): Washington D.C.

DATE REC'D BY LOCAL REG.: 10/10/51 — REGISTRAR'S SIGNATURE: L. L. DeCelle

24. FUNERAL DIRECTOR: R. V. Singleton — ADDRESS: Glen Burnie, Md

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

(5521)

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St. Margarets | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
STREET ADDRESS (If rural, give location) 15 Maryland Avenue

3. NAME OF DECEASED (Type or Print): (First) Walton (Middle) H. (Last) Hopkins

4. DATE OF DEATH: (Month) October (Day) 24 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)

8. DATE OF BIRTH: May 29, 1881

9. AGE last birthday: 70 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Physician

10b. KIND OF BUSINESS OR INDUSTRY: General Practice

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John H. Hopkins

14. MOTHER'S MAIDEN NAME: Mary W. Hyde

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Wold War I

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Lila T. Hopkins-Wife-Annapolis, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Pulmonary Oedema	24 hrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hard Blocks + Cerebral Hemorrhage	3 days.
82a	(c) Arteriosclerosis, Hemiplegia left side	6 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 19, 1945, to Oct 24, 1951, that I last saw the deceased alive on Oct 24, 1951, and that death occurred at 2.30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

J. Oliver Purvis M.D. 40 Franklin St Annapolis Md. 10-25-51

23. BURIAL, ~~CREMATION~~, ~~REMOVAL~~ (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State)

10-27-1951 | Christ Church | Owensville, Md.

DATE REC'D BY LOCAL REG. Oct. 26, 1951 | REGISTRAR'S SIGNATURE W. D. Church | 24. FUNERAL DIRECTOR | ADDRESS

John H. Taylor & Son - Annapolis, Md.

Items 13, 14 FilmG157 12/13/51 whw

(352)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 25

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH — COUNTY: A.A. — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Riviera Beach
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Riviera Beach
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) ROLTZA C. (Middle) HUBBARD (Last)

4. DATE OF DEATH: (Month) IO/IO (Day) (Year) 1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months.	Days	If under 24 hrs.: Hours	Min.
M	W	M	I/2/1899	52 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Storekeeper	Own	Maryland	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
James Edward Hubbard	Ida Virginia Sharp

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
No.		Family - Same

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Occlusion — Instant

420.1 **Antecedent cause(s)**

940a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from ——, 19....., to ——, 19....., that I last saw the deceased alive on Oct 9, 1951, and that death occurred at 6:40 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Ned A. Shilling Jr. M.D. Clifton C.P. 10/12/51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
B	IO/I3/5I	Cedar Hill	Baltimore A.A. Co. Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Oct 12, 1951	Ida M. Hutton	Jason L. Adams	- 130 E. Fort Ave.

2-1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

(0523)

Reg. Dist. No. 24

1. PLACE OF DEATH
COUNTY ANNE ARUNDEL COUNTY MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN PASADENA MD. | LENGTH OF STAY (in this place) 5 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS EDNA ROAD

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE ANNE ARUNDEL COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN PASADENA, MD
STREET ADDRESS (If rural, give location) EDNA ROAD ROCK VIEW BEACH

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	HENRY	WISE	IRONMONGER	OCT.	7	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
MALE	WHITE	MARRIED	JUNE 6-1890	61 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Self employed CARPENTER
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): BALTIMORE MD.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: HENRY WISE IRONMONGER SR.
14. MOTHER'S MAIDEN NAME: MOLLIE BRASHEARS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): YES
16. SOCIAL SECURITY No.: 213-03-3807
17. INFORMANT AND ADDRESS: JULIA LOVICE IRONMONGER (WIFE)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Thrombosis	1 week
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Congestive Heart failure	1 year
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from Oct. 19, 1949, to Oct. 7, 1951, that I last saw the deceased alive on Oct. 6, 1951, and that death occurred at 11:30 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
R. M. McLaughlin	M.D.	Pasadena P.O., Md.	October 7. 1951

23. BURIAL, ~~CREMATION~~, ~~REMOVAL~~ (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
I	Oct 10-51	Baltimore National	Baltimore	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10/9/51	L. J. De Alk	Bernard A Fink	Glen Burnie Md

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 26

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia COUNTY Arlington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mayo — LENGTH OF STAY (In this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arlington
HOSPITAL OR INSTITUTION OR STREET ADDRESS Beverley Beach	STREET ADDRESS (If rural, give location) 4972 Rock Spring Rd

3. NAME OF DECEASED (Type or Print) (First) NELSON (Middle) JOSIAH (Last) JEWETT — 4. DATE OF DEATH (Month) Oct (Day) 2 (Year) 1951

5. SEX Male — 6. COLOR OR RACE White — 7. ~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED~~ (Specify) — 8. DATE OF BIRTH Apr. 23 1872 — 9. AGE last birthday 79 yrs. — If under 1 year Months Days — If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Patent Atty — 10b. KIND OF BUSINESS OR INDUSTRY Same — 11. BIRTHPLACE (State or foreign country) Michigan — 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME unk. — 14. MOTHER'S MAIDEN NAME unk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No — 16. SOCIAL SECURITY NO. — 17. INFORMANT AND ADDRESS 4972 Rock Spring Rd Patricia Irvin. Arlington. Va

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Dilatation of Heart — sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardio-vascular hypertensive disease

(c)

44 x 93d

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection X, Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE John M. Claffy M.D. (Degree or title) Deputy Medical Examiner — ADDRESS Annapolis Md. — DATE SIGNED 10/2/51

23. BURIAL, CREMATION, REMOVAL (Specify) Removal — DATE THEREOF Oct 2 1951 — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) Arlington Va (State)

DATE REC'D BY LOCAL REG. Oct. 2. 51 — REGISTRAR'S SIGNATURE J. B. Dent — 24. FUNERAL DIRECTOR Gawler Funeral Home — ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09525

CERTIFICATE OF DEATH

Reg. Dist. No. 23

1. PLACE OF DEATH: COUNTY [illegible] MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glen Burnie
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 604 [illegible]

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible]
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) [illegible] (Middle) (Rubenking) (Last) [illegible]

4. DATE OF DEATH (Month) 10 (Day) 17 (Year) 1951

5. SEX [illegible]
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) [illegible]
8. DATE OF BIRTH Jan. 27, 1871
9. AGE last birthday 80 yrs. If under 1 year: Months | Days; If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) [illegible]
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) [illegible]
12. CITIZEN OF WHAT COUNTRY? [illegible]

13. FATHER'S NAME ?
14. MOTHER'S MAIDEN NAME ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS [illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) General [illegible]	[illegible]
4500 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Senil[illegible]	
97	(c) Blindness	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from ....., 1948, to 10/19, 1951, that I last saw the deceased alive on [illegible], 19....., and that death occurred at 2:15 P. m., from the causes and on the date stated above.

SIGNATURE [illegible] (Degree or title) ADDRESS [illegible] DATE SIGNED [illegible]

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 10/20/51
NAME OF CEMETERY OR CREMATORY Immanuel Cemetery
LOCATION (City, town, or county) Baltimore, Maryland (State)
DATE REC'D BY LOCAL REG. 10/19/51
REGISTRAR'S SIGNATURE A W Hedrick
24. FUNERAL DIRECTOR Wm. Cook, Inc. 1217 So. Paul Street ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09526

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis (parole) LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Anne Arundel Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis (Parole)
STREET ADDRESS (If rural give location) West Street Extended

3. NAME OF DECEASED (Type or Print) (First) Gus (Middle) (Last) Lee

4. DATE OF DEATH (Month) October (Day) 28, (Year) 51

5. SEX Male

6. COLOR OR RACE Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH 11-13-1886

9. AGE last birthday 65 yrs. If under 1 year Months 11 Days 16 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chauffeur

10b. KIND OF BUSINESS OR INDUSTRY Coal Truck

11. BIRTHPLACE (State or foreign country) Annapolis, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Perry Lee Smith

14. MOTHER'S MAIDEN NAME Mary Moordock

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No. 214-05-1583

17. INFORMANT Ethel Galloway 1951 West St. Extd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Gangrene of right foot and leg	10 days
450.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Arteriosclerosis, severe	—
97	(c)	Auricular fibrillation-circulatory failure	10 days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 24 Oct 1951

19b. MAJOR FINDINGS OF OPERATION Major vessels obstructed with clots

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 22 Oct, 1951, to 28 Oct, 1951, that I last saw the deceased alive on 28 Oct, 1951, and that death occurred at A.m., from the causes and on the date stated above.

SIGNATURE Donald Hooker (Degree or title) M.D. ADDRESS Annapolis, Md DATE SIGNED 31 Oct 51

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 11-1-1951

NAME OF CEMETERY OR CREMATORY Brewer Hill Cemetery

LOCATION (City, town, or county) (State) Annapolis Maryland

DATE REC'D BY LOCAL REG. Oct. 31, 1951

REGISTRAR'S SIGNATURE [signature]

24. FUNERAL DIRECTOR William Reese 11-108 W. Washington St ADDRESS

Annapolis, Maryland

RECEIVED
NOV 14 1951
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS: A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN near Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY A A
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Near Annapolis
STREET ADDRESS (If rural, give location) Spa Road

3. NAME OF DECEASED (Type or Print) (First) MATILDA (Middle) DARE (Last) LINTHICUM

4. DATE OF DEATH (Month) Oct (Day) 2 (Year) 1951

5. SEX F

6. COLOR OR RACE W.

7. SINGLE, ~~MARRIED~~, ~~WIDOWED~~, ~~DIVORCED~~, (Specify) Single

8. DATE OF BIRTH Oct-19th 1878

9. AGE last birthday 72 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none

10b. KIND OF BUSINESS OR INDUSTRY none

11. BIRTHPLACE (State or foreign country) A A Co Md.

12. CITIZEN OF WHAT COUNTRY? N.S.A.

13. FATHER'S NAME Theodore Linthicum

14. MOTHER'S MAIDEN NAME Lorgiana Mitchell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. —

17. INFORMANT AND ADDRESS Miss Marie Linthicum Annapolis Md R.G.D.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute Coronary Thrombosis	Sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterio Sclerosis, Arterial Hypertension & Cardiac Fibrillation	Several yrs
	(c) Hemiplegia left side Complete	8 1/4 mos

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 26, 1951, to Oct 2, 1951, that I last saw the deceased alive on Sept 30, 1951, and that death occurred at 5:50 P m., from the causes and on the date stated above.

SIGNATURE J. Oliver Purves (Degree or title) ADDRESS Annapolis Maryland DATE SIGNED 10/3/51

23. BURIAL, ~~CREMATION~~, ~~REMOVAL~~ (Specify) DATE THEREOF 10-4-51 NAME OF CEMETERY OR CREMATORY Cedar Bluff LOCATION (City, town, or county) Annapolis (State) Md

DATE REC'D BY LOCAL REG. Oct. 4, 1951 REGISTRAR'S SIGNATURE [signature]

24. FUNERAL DIRECTOR John M. Taylor Son ADDRESS Annapolis Md

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 35

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Anne Arundel — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Jessups
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: MHC. Jessups, Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md. — COUNTY: Bal
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 510 No Mechen St.

3. NAME OF DECEASED (Type or Print): (First) Sie (Middle) (Last) Lookett

4. DATE OF DEATH: (Month) October (Day) 27 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: Colored

7. ~~SINGLE, MARRIED, WIDOWED~~, DIVORCED, (Specify)

8. DATE OF BIRTH: 12-25-1892

9. AGE last birthday: 59 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Janitor - Box Maden St.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Georgia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT AND ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Congestive Heart Failure — several years

443 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — (b) Emphysema

93 L (c) Arterio-sclerosis, generalized

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. --

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. , 1950 , to Oct. 27, 1951 , that I last saw the deceased alive on Oct. 27 , 1951 , and that death occurred at 3:45 P. m., from the causes and on the date stated above.

SIGNATURE: John A. Clark — (Degree or title) — ADDRESS — October 28, 1951 — DATE SIGNED

JOHN A. CLARK, M. D. Physcian in Charge, Md. House of Correction

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 10-31-51 — NAME OF CEMETERY OR CREMATORY: Arlington — LOCATION (City, town, or county) (State): Md

DATE REC'D BY LOCAL REG. 10/30/51 — REGISTRAR'S SIGNATURE: C W Pedrick

24. FUNERAL DIRECTOR: George D. Nelson — ADDRESS: 1303 Eastman st

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The [illegible] is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

09529

Reg. Dist. No.

1. PLACE OF DEATH — COUNTY: Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Jessups, Md. — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY: Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Jessups
STREET ADDRESS (If rural, give location): Old Annapolis Md.

3. NAME OF DECEASED (Type or Print) (First) Frank J. (Middle) Lowekamp (Last)
4. DATE OF DEATH (Month) Oct. (Day) 7th (Year) 1951

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: July 17, 1882
9. AGE last birthday: 69 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): [illegible]
10b. KIND OF BUSINESS OR INDUSTRY: Self
11. BIRTHPLACE (State or foreign country): Jessup, Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John F. Lowekamp
14. MOTHER'S MAIDEN NAME: Otilda Bruce

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) [illegible] (If year, give war or dates of service)
16. SOCIAL SECURITY NO.: No
17. INFORMANT AND ADDRESS: Mrs. Webster Lowekamp, Jessups, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Haemorrhage — 2 hrs.

443x Antecedent cause(s) (b) Hypertensive Cardio-Vas. Disease — 2 yrs.

73d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify): — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct., 1949, to Oct. 7, 1951, that I last saw the deceased alive on Oct. 7, 1951, and that death occurred at 9:30 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Mark Shipley, M.D. — ADDRESS: Savage, Md. — DATE SIGNED: 10/7/51

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 10/10/51 — NAME OF CEMETERY OR CREMATORY: St. Lawrence Cem. — LOCATION (City, town, or county) (State): Jessup, Md.

DATE REC'D BY LOCAL REG.: 10/8/51 — REGISTRAR'S SIGNATURE: H W Hedrick — 24. FUNERAL DIRECTOR: [illegible] — ADDRESS: [illegible] Md.

Dms

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09530

CERTIFICATE OF DEATH

Reg. Dist. No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15

1. PLACE OF DEATH:
County A. A. Co.
City or town Crystal Spring
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County A. A. County
City or town Crystal Spring
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME Osey Matthews

3. (b) Social Security Number

4. Sex	5. Color or race	8.(a) Single, married, widowed, or divorced
Female	C.	Widow

6.(b) Name of husband or wife Elijah Matthews 6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 22, 1876

8. AGE: Years	Months	Days	If less than one day
75			hrs. min.

9. Birthplace Harmans Md (Town, county, and state)
10. Usual occupation Housewife
11. Industry or business
MOTHER FATHER
12. Name Geo Gamble.
13. Birthplace Harmans Md.
14. Maiden name Elizabeth Brooks
15. Birthplace Harmans Md.
16. Informant John Gamble (son)
Address Crystal Spring
17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct. 7, 1951 (month) (day) (year)
Cemetery or crematory St. Rest.
Location Harmans, Md.
18. Funeral director Mrs Katie R. Williams
Address 322 N Schroeder St.
19. Oct. 6 1951 R. W. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH October 4 1951 at 3:20 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 2 1951 to Oct 4 1951
and that I last saw h[illegible] alive on Oct 4 1951

Immediate cause of death	DURATION
Gangrene of foot	
Due to Leg ulcer	
Due to	
Other conditions	

HBP X
(Include pregnancy within 3 months of death)
Major findings of operations Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE [signature] M. D. or other
Address Eldridge Md Date signed Oct 6-51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 28

1. PLACE OF DEATH: COUNTY Annel Arundel MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crownsville — LENGTH OF STAY (in this place) 3 mos. 4 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke
HOSPITAL OR INSTITUTION OR STREET ADDRESS Crownsville State Hospital	STREET ADDRESS (If rural, give location) not known

3. NAME OF DECEASED (Type or Print) (First) Ulysses Grant (Middle) (Last) Matthews				4. DATE OF DEATH (Month) (Day) (Year) 10/28/51 19	
5. SEX male	6. COLOR OR RACE colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married	8. DATE OF BIRTH 3/25/96	9. AGE last birthday 55 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer	10b. KIND OF BUSINESS OR INDUSTRY none		11. BIRTHPLACE (State or foreign country) Virginia	12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Sol Matthews			14. MOTHER'S MAIDEN NAME not known		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. xxx		17. INFORMANT AND ADDRESS Hospital Records		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) General Paresis known since 7/24/51

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

25x

30b

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION none	19b. MAJOR FINDINGS OF OPERATION none	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify) none	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) none (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) none m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR? none

22. I hereby certify that I attended the deceased from 7/24/51, 19....., to 10/28/51, 19....., that I last saw the deceased alive on 10/28/51, 19....., and that death occurred at 9:15 A.M. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Jacob Morgenstern M.D.		Crownsville, Md.	10/29/51

23. BURIAL, CREMATION REMOVAL (Specify) burial	DATE THEREOF 11/1/51	NAME OF CEMETERY OR CREMATORY Pocomoke, Md.	LOCATION (City, town, or county) (State) Pocomoke, Md.
DATE REC'D BY LOCAL REG. Oct 29 1951	REGISTRAR'S SIGNATURE R. M. Joyce	24. FUNERAL DIRECTOR Mr. Edgar ~~Morton~~ Wharton	ADDRESS New Church, Virginia

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 24

82532

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS: A15A

1. PLACE OF DEATH: COUNTY: Anne Arundel; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Point Pleasant, MARYLAND; LENGTH OF STAY (In this place): 8days; HOSPITAL OR INSTITUTION OR STREET ADDRESS: Bison Club

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore; STREET ADDRESS (If rural, give location): 2708 Reistertown Rd.

3. NAME OF DECEASED (Type or Print): (First) James Benjamin (Middle) (Last) Morgan

4. DATE OF DEATH (Month) (Day) (Year): 10/24/51 19

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 1/18/82

9. AGE (Last birthday): 69 yrs. If under 1 year: Months; Days. If under 24 hrs: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Machinist

11. BIRTHPLACE (State or foreign country): Michigan

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Washington Morgan

14. MOTHER'S MAIDEN NAME: Adeline Mosher

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY No.: 211-05-3103

17. INFORMANT AND ADDRESS: Mrs. Louise Morgan (wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a): Coronary Occlusion — Interval Between Onset and Death: Sudden

42 Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b):

94a (c):

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Assistant Deputy Medical Examiner (Degree or title) ADDRESS: Glen Burnie, Md. DATE SIGNED: 10/24/51

23. BURIAL, CREMATION REMOVAL (Specify): Burial DATE THEREOF: 10-27-51 NAME OF CEMETERY OR CREMATORY: New Cathedral LOCATION (City, town, or county): Baltimore (State): Md.

DATE RECD BY LOCAL REG.: 10/29/51 REGISTRAR'S SIGNATURE: L. J. DeAlba

24. FUNERAL DIRECTOR: George A. Farley ADDRESS: Catonsville Md.

1533

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 20

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY Anne Arundel; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Edgewater; HOSPITAL OR INSTITUTION OR STREET ADDRESS; MARYLAND; LENGTH OF STAY (In this place)

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Anne Arundel; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Edgewater; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Charles	S	Myers	Oct	11th	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	white	married	March 29-1866	85				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
retired	post office Dept	Alliance Ohio	U S A

13. FATHER'S NAME: Jonathan Myers

14. MOTHER'S MAIDEN NAME: Emma Coppock

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no		Mary J. Myers Edgewater Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) generalized carcinomatosis	4 mos
177X Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma of prostate	1 yr
1 lb	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. arteriosclerotic Sumprene Ecley. — 3 wks

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
May 51	Ca prostate	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from Jan, 1948, to Oct 11, 1951, that I last saw the deceased alive on Oct 10, 1951, and that death occurred at 11:10 a m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
J. Bosworth M.D	Annapolis Md	10/11/51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Oct 13th 51	Alliance City Cemetery	Alliance Ohio

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Oct 11, 1951	Edward Collenius	Simmons Bros	2007 Nicholas Ave N.W.

Wash D C

OCT 16 19
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY ANNE ARUNDEL; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ELKATON; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD; COUNTY ANNE ARUNDEL; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ELKATON; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
CHARLES	ADAM	NEIDERT	10	7	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
M	W	WIDOWED	9/14/1875	76 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER owner

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: CHARLES A. NEIDERT, SR

14. MOTHER'S MAIDEN NAME: MARY LAWTON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): —

16. SOCIAL SECURITY NO.: —

17. INFORMANT AND ADDRESS: MRS ELIZABETH N. SMITH ELKTON, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cirrhosis of liver	1 year
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) generalized arteriosclerosis	not known
151K 464-	(c) Carcinoma of stomach ?	not known

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: none

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Sept. 24, 1951, to Oct. 7, 1951, that I last saw the deceased alive on Oct. 6, 1951, and that death occurred at 4:33 P.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Randall M. McLaughlin	M.D.	Pasadena P.O., Md.	Oct. 7, 1951

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	10/10/51	CEDAR HILL	RITCHIE HWY

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10-9-51		JOHN F. DENNY, INC	715 LIGHT ST

BALTO.-30, MD.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05535

Reg. Dist. No. 22

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS: A15

1. PLACE OF DEATH: COUNTY A. A. Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Jessup. LENGTH OF STAY (In this place) 11 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY A. A. Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Jessup
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Thomas (Middle) Fitch (Last) Orr

4. DATE OF DEATH: (Month) October (Day) 7th (Year) 1951

5. SEX: M | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married | 8. DATE OF BIRTH: Dec. 18, 1889 | 9. AGE last birthday: 61 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Office | 10b. KIND OF BUSINESS OR INDUSTRY: U S Army | 11. BIRTHPLACE (State or foreign country): Kidder Missouri | 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Thomas Fitch Orr | 14. MOTHER'S MAIDEN NAME: Martha A. Mansell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) World War I & II | 16. SOCIAL SECURITY NO. | 17. INFORMANT: Jessie L. Orr, Jessup, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Occlusion — Instant

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Coronary Thrombosis — 1 yr.
934 (c) Chr. Myocarditis — 2 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 1, 1950, to Oct. 7th, 1951, that I last saw the deceased alive on Oct. 7, 1951, and that death occurred at 9:30 a. m., from the causes and on the date stated above.

SIGNATURE Frank Shipley (Degree or title) M. D. ADDRESS Savage, Md. DATE SIGNED 10/9/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF Oct. 11, 1951 | NAME OF CEMETERY OR CREMATORY Arlington National | LOCATION (City, town, or county) Arlington, Virginia (State)

DATE REC'D BY LOCAL REG. Oct 10-51 | REGISTRAR'S SIGNATURE Clara Kaskey | 24. FUNERAL DIRECTOR ADDRESS De Witt Dorsey Laurel, Md

09536

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Anne Arundel General

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crownsville
STREET ADDRESS (If rural, give location) Crownsville Post Office

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) JOHN HOBERT OWENS

4. DATE OF DEATH (Month) (Day) (Year) Oct. 24, 51 19

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Singel
8. DATE OF BIRTH Oct 22, 51
9. AGE last birthday --- yrs. If under 1 year Months -- Days 3 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none
10b. KIND OF BUSINESS OR INDUSTRY none
11. BIRTHPLACE (State or foreign country) Annapolis, Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Mathais Owens
14. MOTHER'S MAIDEN NAME Johnnie Edwards

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ---- (If yes, give war or dates of service) ----
16. SOCIAL SECURITY NO. ----
17. INFORMANT AND ADDRESS Mr Mathais Owens Crownsville, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Respiratory failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Malformed infant - hydrocephalus

751 x (c) Spina bifida, Talipes equinovarus, Meningitis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/22 1951, to 10/24 1951, that I last saw the deceased alive on 10/24, 1951, and that death occurred at 9:35 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Stuart M. Christhey J. MD. ADDRESS 69 Franklin DATE SIGNED 10/25/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Oct. 26, 51
NAME OF CEMETERY OR CREMATORY Cedar Bluff Cemetery
LOCATION (City, town, or county) (State) Annapolis, Maryland

DATE REC'D BY LOCAL REG. Oct. 26, 1951
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR B.L. Hopping and Son ADDRESS Annapolis, Md.

2 0022 1871405

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS: A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

00537

Reg. Dist. No. 20

1. PLACE OF DEATH: COUNTY A. A. Co MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arrington
LENGTH OF STAY (In this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Anne Arundel Gen Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY A.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lothian
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Leonora (Middle) Leonora (Last) Owens

4. DATE OF DEATH (Month) Oct. (Day) 13 (Year) 1951

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH Oct 14 1877
9. AGE last birthday 74 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School Teacher
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Balto City
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Joseph Owens
14. MOTHER'S MAIDEN NAME Eva S. Shepherd

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) no
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Mrs Shepherd Owens Lothian Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral th[illegible]is

260X Antecedent cause(s)

61 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) [illegible]

(c) [illegible]

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 10, 1951, to Oct 12, 1951, that I last saw the deceased alive on Oct 9, 1951, and that death occurred at 10:59 m., from the causes and on the date stated above.

SIGNATURE Emily H. [illegible] (Degree or title) M.D. ADDRESS Lothian, Md. DATE SIGNED 10-15-51

23. BURIAL, CREMATION REMOVAL (Specify) DATE Oct 15-1951 NAME OF CEMETERY OR CREMATORY Christ Church Cem. LOCATION (City, town, or county) West River (State) Md

DATE REC'D BY LOCAL REG. 10/15/51 REGISTRAR'S SIGNATURE [illegible] Taylor
24. FUNERAL DIRECTOR T. A. Hardisty & Son ADDRESS Galesville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 24

1. PLACE OF DEATH — COUNTY: Anne Arundel — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Millersville P.O. — LENGTH OF STAY (in this place): 37 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Indian Landing Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Anne Arundel
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Millersville P.O.
STREET ADDRESS (If rural, give location): Indian Landing Road

3. NAME OF DECEASED (Type or Print) (First) Stanley (Middle) (now) (Last) Pawlik
4. DATE OF DEATH (Month) Oct. (Day) 17 (Year) 1951
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: March 15 1889
9. AGE last birthday: 69 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer (retired)
10b. KIND OF BUSINESS OR INDUSTRY: Own Farm
11. BIRTHPLACE (State or foreign country): Poland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT: Chester T. Pawlik, Millersville Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion
592 x Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Nephritis Chr interstitial — 2 yrs
(c) Kidney involvement — 2 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Bronchitis Chr — 5 yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 10, 1937, to Oct 17, 1951, that I last saw the deceased alive on Oct 11, 1951, and that death occurred at 6 am m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
O. S. MacNemar M.D. Millersville Md

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 10/20/51 — NAME OF CEMETERY OR CREMATORY: Glen Haven — LOCATION (City, town, or county) (State): Glen Burnie Md
DATE REC'D BY LOCAL REG.: 10/18/51 — REGISTRAR'S SIGNATURE: L. J. DeAlba — 24. FUNERAL DIRECTOR: R. V. Singleton — ADDRESS: Glen Burnie

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 13539

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Anne Arundel — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glen Burnie — LENGTH OF STAY (In this place) 9 days.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 24.
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Coast Guard.	STREET ADDRESS (If rural, give location) 4900 Pontiac Ave.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Francis	E.	Pugh	Oct.	31	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE Last birthday	If under 1 year: Months	Days	If under 24 hrs: Hours	Min.
Male	White	✓	7/23/96	55 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Waiter	U.S.C.G.	Maryland, Maryland	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Charles Pugh ✓	Margaret Doughtary

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war, or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
Yes World #1	183-07-0738	Mrs. Margaret Preston - 1117 W. 7th St. Chester, Pa.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Coronary Occlusion	Instan.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	
(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Gustave H. Fauke, M.D.	Assistant Medical Examiner	621 E. 22nd St. Balto. 18, Md.	11/1/51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	11/5/51	Immaculate Heart	Del. Co., Pa.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11-1-51		C.M.J. Gretener & Son	Katz., Md.

VS-A15A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09540

CERTIFICATE OF DEATH

Reg. Dist. No. 26

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Q. A. MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Churchton; LENGTH OF STAY (In this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Q. A.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Churchton; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
James	Oden	Rodgers	October	22	1951

5. SEX	6. COLOR OR RACE	7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	white		7/25/867	84 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Captain - Boat	Conservation Dept	Fair Haven, Md.	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
James Rodgers	Phipps

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no	none	Elizabeth Wilson Rodgers, Churchton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) CEREBRAL HEMORRHAGE	48 HRS.
331K Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ARTERIO-SCLEROSIS	2 YEARS
132 (c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Jan 25th, 1951, to Oct 22nd, 1951, that I last saw the deceased alive on Oct. 21, 1951, and that death occurred at 3 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Nathaniel E. Lancaster	Churchton P.O.	Oct 22nd 1951

23. BURIAL, ~~CREMATION~~, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR ~~CREMATORY~~	LOCATION (City, town, or county) (State)
Burial	Oct 24, 1951	Quaker Wm	Galesville, Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Oct 23-1951	D. B. Dent	T. J. Hardesty & Son	Galesville Md

Item 18 Film G136 10-25-51 ams

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09541

CERTIFICATE OF DEATH

Reg. Dist. No. 28

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY City
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crownsville — LENGTH OF STAY (in this place) 2 yrs. 6 weeks	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
HOSPITAL OR INSTITUTION OR STREET ADDRESS Crownsville State Hospital	STREET ADDRESS (If rural, give location) 509 Mrytle Avenue ✓

3. NAME OF DECEASED (Type or Print) (First) Mathal (Middle) (Last) Savage				4. DATE OF DEATH (Month) 10/15/51 (Day) (Year) 19	
5. SEX male	6. COLOR OR RACE colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 1894 (?)	9. AGE last birthday 57 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY none		11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME not known			14. MOTHER'S MAIDEN NAME not known		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. not known		17. INFORMANT AND ADDRESS Hospital Records		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) ~~Myocardial Degeneration~~ ~~known since 8/29/49~~

493X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Pneumonia duration 3 days

(10-25-51 ams)

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Psychosis with Cerebral Ambolism " "

19a. DATE OF OPERATION none	19b. MAJOR FINDINGS OF OPERATION none	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) none	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) none	(CITY OR TOWN) none (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) none m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR? none	

22. I hereby certify that I attended the deceased from 8/29/49, 19....., to 10/15/51 19....., that I last saw the deceased alive on 10/15/51, 19....., and that death occurred at 1;05 P.M. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
[signature]		Crownsville, Md.	10/15/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 10-20-51	NAME OF CEMETERY OR CREMATORY Mt. Calvary	LOCATION (City, town, or county) Cedar Hill Md. (State)
DATE REC'D BY LOCAL REG. 10/17/51	REGISTRAR'S SIGNATURE [signature]	24. FUNERAL DIRECTOR W. Hartstead	ADDRESS 418 Mark Hill Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

09542

Reg. Dist. No. 21

1. PLACE OF DEATH — COUNTY: Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: A. A. General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md — COUNTY: A.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Winchester-on-Severn
STREET ADDRESS (If rural, give location): Rural

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Caroline F. Sheppach

4. DATE OF DEATH (Month) (Day) (Year): Oct 8th 1951

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 6/8/1878
9. AGE last birthday: 73 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Balto. Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George Ortel
14. MOTHER'S MAIDEN NAME: Louise Strauss

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: John W. Sheppach - Winchester on Severn

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Thrombosis — 1 week

420.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio Sclerotic Heart — 2 years

9?d (c) Disease

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death. Hyperbiosis — 2 years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1949, to Oct 8, 1951, that I last saw the deceased alive on Oct 8, 1951, and that death occurred at 11:30 A m., from the causes and on the date stated above.

SIGNATURE: George C. Basil — (Degree or title): M. D. — ADDRESS: Annapolis Md — DATE SIGNED: 10-8-51

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 10/11/51 — NAME OF CEMETERY OR CREMATORY: Moreland Park — LOCATION (City, town, or county) (State): Parkville Md.

DATE REC'D BY LOCAL REG.: 10/9/51 — REGISTRAR'S SIGNATURE: [signature]

24. FUNERAL DIRECTOR: Wm Cook Inc 1217 St. Paul St — ADDRESS

M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09543

CERTIFICATE OF DEATH

Reg. Dist. No. 26

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Shadyside
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cedarhurst Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Shady Side
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Chester (Middle) Allen (Last) Smith

4. DATE OF DEATH (Month) October (Day) 22 (Year) 1951

5. SEX Male
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Oct. 18, 1854
9. AGE last birthday 97 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Watchman
10b. KIND OF BUSINESS OR INDUSTRY Oyster
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Benjamin Smith
14. MOTHER'S MAIDEN NAME Charlotte Chesner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) World War I
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Sarah Johnson - Shady Side

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocardial Infarction

420.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Heart Disease

93d (c)

INTERVAL BETWEEN ONSET AND DEATH 1 day

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from September 1951, to October, 1951, that I last saw the deceased alive on October 15, 1951, and that death occurred at 4:30 p m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) M.D. ADDRESS Shady Side, Md. DATE SIGNED Oct. 22, '51

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify) DATE THEREOF Oct 25 1951 NAME OF CEMETERY OR ~~CREMATORY~~ Smiths Cem LOCATION (City, town, or county) Shady Side (State) Md.

DATE REC'D BY LOCAL REG. Oct. 23, 1951 REGISTRAR'S SIGNATURE J. B. Dent
24. FUNERAL DIRECTOR [signature] Hardisty & Son ADDRESS Galesville Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09544

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hambrills
LENGTH OF STAY (In this place) approx. 2 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY New York, N.Y. A.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hambrills
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Jasper (Middle) (Last) Smith

4. DATE OF DEATH (Month) 10 (Day) 10 (Year) 1951

5. SEX Male

6. COLOR OR RACE C

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH 12-25-1890

9. AGE last birthday 61 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Janitor or Supt.

10b. KIND OF BUSINESS OR INDUSTRY Apt. Houses

11. BIRTHPLACE (State or foreign country) Rouge Mount, N.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Unknown

14. MOTHER'S MAIDEN NAME Mamie Williams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY No. 118-14-8475

17. INFORMANT Isador Smith

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Mouth & Mandible — INTERVAL BETWEEN ONSET AND DEATH: 8 mo.

Antecedent cause(s)

144x

45d

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) No

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/9/51, 19....., to 10/10/51, 19....., that I last saw the deceased alive on 10/10, 1951, and that death occurred at 11 A. m., from the causes and on the date stated above.

SIGNATURE Theodore H. Johnson (Degree or title) M.D. ADDRESS 40 Northwest Street DATE SIGNED 10/12/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE 10-13-1951 NAME OF CEMETERY OR CREMATORY Davidsonville LOCATION (City, town, or county) (State) Davidsonville, Md.

DATE REC'D BY LOCAL REG. 10/12/51 REGISTRAR'S SIGNATURE B.H. Hedrick

24. FUNERAL DIRECTOR William Reese II-108 Washington St. ADDRESS

Dmk. Annapolis, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09545

CERTIFICATE OF DEATH

Reg. Dist. No. 24

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Round Bay
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Severn River Drive

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Round Bay
STREET ADDRESS (If rural, give location) Severn River Drive

3. NAME OF DECEASED (Type or Print) (First) Lela (Middle) Ireland (Last) Tate

4. DATE OF DEATH (Month) Oct. (Day) 6 (Year) 1951

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH Aug. 8, 1863
9. AGE last birthday 88 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME William Lyles Ireland
14. MOTHER'S MAIDEN NAME Virginia Richardson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Miss Agnes Tate - Round Bay

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Degenerative cardio-vascular disease — INTERVAL BETWEEN ONSET AND DEATH 2 yrs.

422.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized arteriosclerosis

93d (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 10, 1951, to Oct 6, 1951, that I last saw the deceased alive on Oct 6, 1951, and that death occurred at 6 20 A m., from the causes and on the date stated above.

SIGNATURE Gene D. Trettin (Degree or title) MD. ADDRESS Severna Park, Md. DATE SIGNED Oct. 6, 1951

23. BURIAL, CREMATION REMOVAL (Specify) DATE THEREOF Oct 8th 1951 NAME OF CEMETERY OR CREMATORY London Park LOCATION (City, town, or county) Baltimore (State) Md

DATE REC'D BY LOCAL REG. Oct. 8, 1951 REGISTRAR'S SIGNATURE L. J. De Alba
24. FUNERAL DIRECTOR John M. Taylor Sons ADDRESS Annapolis Md.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Items 8, 9 FilmG156 10/10/51 ww

(00516)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH
COUNTY: Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 62 Southgate Ave

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis
STREET ADDRESS (If rural, give location): 62 Southgate Ave

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): JOSEPH TOMANIO

4. DATE OF DEATH (Month) (Day) (Year): October 5 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: March 19, 1878

9. AGE last birthday: 69 ~~73~~ yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Tailor

10b. KIND OF BUSINESS OR INDUSTRY: USGov.

11. BIRTHPLACE (State or foreign country): Italy

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: unk

14. MOTHER'S MAIDEN NAME: unk.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mr Ernest Tamanio 62 Southgate Ave. Annapolis, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Generalized carcinomatosis	3 mos
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma lung (lt upper)	1 yr (?)
	(c)	

163X
47d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: June 51 (?)

19b. MAJOR FINDINGS OF OPERATION: Carcinoma of lt lung.

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 19 45, to Sept, 19 51, that I last saw the deceased alive on Sept 5, 19 51, and that death occurred at 6:00 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title): J. Bozzuto M.D. ADDRESS: Annapolis Md DATE SIGNED: 10/7/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Oct. 8, 1951
NAME OF CEMETERY OR CREMATORY: St. Mary's Cemetery
LOCATION (City, town, or county) (State): Annapolis, Maryland

DATE REC'D BY LOCAL REG.: Oct. 8, 1951
REGISTRAR'S SIGNATURE:

24. FUNERAL DIRECTOR ADDRESS: B.L. Hopping and Son Annapolis, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

09547

Reg. Dist. No. 24

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Odenton
LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Oak Wood Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Odenton
STREET ADDRESS (If rural, give location) Oak Wood Road

3. NAME OF DECEASED (Type or Print) (First) Herbert (Middle) (Last) Turner

4. DATE OF DEATH (Month) October (Day) 24 (Year) 1951

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Oct. 6, 1892
9. AGE last birthday 59 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic
10b. KIND OF BUSINESS OR INDUSTRY Street Cars
11. BIRTHPLACE (State or foreign country) Odenton, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME John Turner
14. MOTHER'S MAIDEN NAME Mary Lowman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) ---------
16. SOCIAL SECURITY NO. 578 10 6307
17. INFORMANT Mrs. Herbert Turner, Odenton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Cardiac Failure — Suddenly

151 x

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma Stomach — 2 years

46 b

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION Aug 1948 - Feb 1951.
19b. MAJOR FINDINGS OF OPERATION Carcinoma Stomach
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Aug 15, 1951, to Oct 24, 1951, that I last saw the deceased alive on Oct 22, 1951, and that death occurred at 3 A. m., from the causes and on the date stated above.

SIGNATURE Joseph Lipskey (Degree or title) MD. ADDRESS Odenton Md DATE SIGNED Oct 25-51.

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Oct. 27, 1951
NAME OF CEMETERY OR CREMATORY Nichols Memorial
LOCATION (City, town, or county) Odenton, (State) Md.

DATE REC'D BY LOCAL REG. 11/26
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR T. W. Singleton, ADDRESS Glen Burnie, Md.

Clara M. Haslup

3 - 51

MARYLAND STATE DEPARTMENT OF HEALTH

09548

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glen Burnie | LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Old Glory Beach

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glen Burnie
STREET ADDRESS (If rural, give location) Old Glory Beach

3. NAME OF DECEASED (Type or Print): (First) LORRAINE (Middle) (Last) TURNER
4. DATE OF DEATH: (Month) October (Day) 19 (Year) 19 51
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) ?
8. DATE OF BIRTH: May 7 1911
9. AGE last birthday: 40 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Texas
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: John John E. Whittington Same

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Fatty liver

5' 1.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

124 lb (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) William V Lovitt — ADDRESS 700 Fleet St., Baltimore 2, Md. — DATE SIGNED Oct. 20, 1951

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF Oct 26 1951 | NAME OF CEMETERY OR CREMATORY New Cathedral | LOCATION (City, town, or county) (State) Balto Md

DATE REC'D BY LOCAL REG. 10/25/51 | REGISTRAR'S SIGNATURE D.D. Kaufman DMR | 24. FUNERAL DIRECTOR H.H. Jenkins & Sons | ADDRESS 4901 York Rd

09549

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 23

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hanover
LENGTH OF STAY (in this place) 4½ yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Stevens Run & [illegible] Box [illegible]

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE [illegible] COUNTY [illegible]
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible]
STREET ADDRESS (If rural, give location) [illegible]

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) [illegible]
4. DATE OF DEATH (Month) (Day) (Year) 19[illegible]

5. SEX [illegible]
6. COLOR OR RACE [illegible]
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed
8. DATE OF BIRTH [illegible] 24 19[illegible]
9. AGE last birthday [illegible] yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman (General merchandise)
10b. KIND OF BUSINESS OR INDUSTRY [illegible]
11. BIRTHPLACE (State or foreign country) [illegible]
12. CITIZEN OF WHAT COUNTRY? [illegible]

13. FATHER'S NAME John Nicholas [illegible]
14. MOTHER'S MAIDEN NAME [illegible]

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. [illegible]
17. INFORMANT AND ADDRESS [illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Myocardial [illegible]	5 [illegible]
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) [illegible]	4 [illegible]
94a	(c) [illegible]	[illegible]

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. General arteriosclerosis

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 22, 1951, to Oct 20, 1951, that I last saw the deceased alive on Oct 20, 1951, and that death occurred at 11 [illegible] m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED [illegible]

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Oct 24/51
NAME OF CEMETERY OR CREMATORY Mt. Olivet
LOCATION (City, town, or county) Baltimore (State) Maryland

DATE REC'D BY LOCAL REG. 10/22/51
REGISTRAR'S SIGNATURE [illegible] Hedrick
24. FUNERAL DIRECTOR Loring Byers ADDRESS 5005 [illegible]

490

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05750

Reg. Dist. No. 22

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Anne Arundel Co. MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bowens Near Laurel; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Anne Arundel; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bowens Near Laurel; STREET ADDRESS (If rural, give location) R.F.D.

3. NAME OF DECEASED (Type or Print): (First) Grace (Middle) C. (Last) Vincent

4. DATE OF DEATH: (Month) Oct (Day) 16 (Year) 1957

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: April 2 1910

9. AGE last birthday: 47 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Howard Co. Md

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: John Cager

14. MOTHER'S MAIDEN NAME: Susie Matthews

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Sidney Vincent Laurel R.F.D.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Myocardial Infarction — Interval Between Onset and Death: ?

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension Hypertrophy Heart disease — 4-1 X 92L

(c) Cerebral Ischemia

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY: (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED: Whether Not Whether At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/12/57 to 10/16/57, that I last saw the deceased alive on 10/15/57, and that death occurred at 8 a.m., from the causes and on the date stated above.

SIGNATURE: W B [illegible] (Degree or title) ADDRESS: Laurel DATE SIGNED: -

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Oct 20 1957	Bowens Chapel	Near Laurel Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
Oct 19	Clara Nesbitt	Ridgley Selby

1

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09552

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY A.A. Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
HOSPITAL OR INSTITUTION OR STREET ADDRESS 32 Clay Street	STREET ADDRESS (If rural give location) 32 Clay Street

3. NAME OF DECEASED (Type or Print)	(First) Lola	(Middle)	(Last) Whipple	4. DATE OF DEATH	(Month) October (Day) 22 (Year) 51
5. SEX Female	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH June 12, 1864	9. AGE last birthday 87 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Annapolis	12. CITIZEN OF WHAT COUNTRY? U.S.A		
13. FATHER'S NAME James Daniel Brown		14. MOTHER'S MAIDEN NAME Elizabeth Smith			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Richard Whipple 6 Calvert Ct.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Myocarditis — 3 weeks

447X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio Sclerosis

(c) Arterio Sclerotic Hypertension — One year

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from October, 1950, to October 22, 1951, that I last saw the deceased alive on October 22, 1951, and that death occurred at 5:15 P.M., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
R. L. Richardson	M.D.	110 - Clay St Annapolis, Md.	10/24/51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	10-25-51	Brewer Hill Cemetery	Annapolis	Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Oct. 24, 1951	[signature]	William Reese II	108 Washington St. Annapolis, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12M 753

CERTIFICATE OF DEATH

Reg. Dist. No. 28

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY: Anne Arundel; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crownsville; LENGTH OF STAY (in this place): 8 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS: Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: City; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore; STREET ADDRESS (If rural, give location): 2107 Presbury Street ✓

3. NAME OF DECEASED (Type or Print): (First) Hallie (Middle) (Last) Wilkins

4. DATE OF DEATH: (Month) 10/17/51 (Day) (Year) 19

5. SEX: female

6. COLOR OR RACE: colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH:

9. AGE last birthday: 27 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): typist

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): not known

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: not known

14. MOTHER'S MAIDEN NAME: botknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): ~~XXXX

DOMAU V. S.

Item #: Funeral Director's Statement by phone, L 10/8/57

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09554

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (in this place) 12 Hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS Anne Arundel Gen'l. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Severn
STREET ADDRESS (If rural, give location) R.F.D. I - Box 386

3. NAME OF DECEASED (Type or Print) (First) Diana (Middle) Carrol (Last) Willis
4. DATE OF DEATH (Month) Oct. (Day) 3 (Year) 1951

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Oct. 2, 1951
9. AGE last birthday yrs. If under 1 year Months Days If under 24 hrs. Hours 3 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) Severn
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Amos Willis
14. MOTHER'S MAIDEN NAME Virginia Willis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Mr. Amos Willis - Severn Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH.

Immediate cause (a) Congenital heart mal formation

754.4 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

157e (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-2-51, 19....., to 10-3, 1957, that I last saw the deceased alive on 10-3-57, 1957, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Ct Max Newman ADDRESS Millersville DATE SIGNED Md 10-3-51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 10-4-51
NAME OF CEMETERY OR CREMATORY Dorsey Cemetery
LOCATION (City, town, or county) (State) Dorsey, Md.

DATE REC'D BY LOCAL REG. 10/4
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR R.V. Singleton, ADDRESS Glen Burnie, Md.

9V 002199V

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 5 1951
BUREAU W. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

09551

Reg. Dist. No. 24

1. PLACE OF DEATH — COUNTY: Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crownsville — LENGTH OF STAY (in this place): 5 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: not known
STREET ADDRESS (If rural, give location): not known

3. NAME OF DECEASED (Type or Print): (First) Helen (Middle) Edwards (Last) Woods
4. DATE OF DEATH: (Month) 10/20/51 (Day) (Year) 19

5. SEX: female
6. COLOR OR RACE: colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): separated
8. DATE OF BIRTH: 11/7/23
9. AGE last birthday: 28 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Arkansas
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Sady Edwards
14. MOTHER'S MAIDEN NAME: Izzy Allen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) XXXXXXXXXXXXX
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Miliary Tuberculosis known since 10/19/51

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death. Schizophrenia, Paranoid Type known since 6/20/51

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION: none
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify): none
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): none (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour): none m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? none

22. I hereby certify that I attended the deceased from 6/20/51, 19....., to 10/20/51, 19....., that I last saw the deceased alive on 10/20/51, 19....., and that death occurred at 8 P.M. m., from the causes and on the date stated above.

SIGNATURE: Jacob Morgenstern M.D. (Degree or title) — ADDRESS: Crownsville, Md. — DATE SIGNED: 10/22/51

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 10/28/51 — NAME OF CEMETERY OR CREMATORY: Eldorada — LOCATION (City, town, or county) (State): Arkansas

DATE REC'D BY LOCAL REG.: 10/22/51 — REGISTRAR'S SIGNATURE: L. J. De Alba

24. FUNERAL DIRECTOR: Frances A Hemsley — ADDRESS: 578 W Biddle St

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 24 1951
BUREAU V. S.